

# ***Enroll in Insurance Benefits***

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## **Newly Insurance Eligible**



**Minnesota Management & Budget**  
**NOTICE OF COLLECTION OF PRIVATE DATA**

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, and your obligation to provide the data.

**What data will we use?**

We will use the data you provide us at this time, as well as data previously provided us, about yourself, your spouse, or dependent(s). If you provide any data about that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Disability status is needed only to determine eligibility for insurance continuation for your dependent. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws.

**Why we ask you for this data?**

We ask for this data so that we can successfully administer SEGIP.

This data is used to process your request to add or change coverage for yourself, your spouse, or dependents. The requested data helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The data is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We may ask for data about you, your spouse or dependents that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct insurance benefit transaction. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws (in compliance with Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173)). If you provide any data about you, your spouse, or dependents that is not necessary, we will not use it for any purpose.

**Do you have to answer the questions we ask?**

You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, your dependent(s) may not be approved to participate in the program or may lose coverage under the program. If you do provide the data, it will be used as described.

**What will happen if you do not answer the questions we ask?**

If you do not answer these questions, the insurance benefit transaction you requested for you or your spouse, dependent or other insurance benefit transaction may be delayed or denied.

**Who else may see this data about you and your spouse and dependents?**

We may give data about you and your spouse, and dependents to the insurance carrier you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority

to have the data; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

**How else may this data be used?**

We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

**\*IMPORTANT INSURANCE INFORMATION. READ CAREFULLY\***

Employees, who receive a **full employer contribution** towards health and dental insurance, **must submit your insurance enrollment by sending the enclosed Personal Enrollment Form to the State Employee Group Insurance Program (SEGIP) by the enrollment period deadline on the enclosed form (or 30-days from the print date on the enrollment form whichever is later)**. If you fail to do so, you will be automatically enrolled in health and basic life insurance but will lose the opportunity to make choices about that coverage. You may also forfeit selection of certain optional coverages, or lose the chance to get coverage for your spouse and/or children at this time. Employees eligible for a full employer contribution to the SEGIP insurance whose spouse or parent (if an adult child up to age 26) is also eligible for a full employer contribution to the SEGIP insurance may cover the family under one employee for medical and dental insurance.

Employees, who receive a **partial employer contribution** towards health and dental insurance, **must submit your insurance enrollment by sending the enclosed Personal Enrollment Form to the State Employee Group Insurance Program (SEGIP) by the enrollment period deadline on the enclosed enrollment form or 30 days from the print date on the enrollment form whichever is later**. If you fail to do so, all coverages except Basic Life Insurance will be waived. You will lose the opportunity to make choices about insurance coverage, including you forfeit the opportunity to elect certain optional coverages such as dental coverage. In addition, you will lose the opportunity to enroll your spouse and/or dependent children in insurance coverage at this time. Employees eligible for only a partial employer contribution to the SEGIP insurance may be enrolled in a spouse or parent's coverage or may elect to waive coverage and not enroll in SEGIP coverages per collective bargaining agreements.

Employees who will **not be receiving an employer contribution** towards health and dental insurance **must submit your insurance enrollment by sending the enclosed Personal Enrollment Form to the State Employee Group Insurance Program (SEGIP) by the enrollment period deadline on the enclosed enrollment form or 30 days from the print date on the enrollment form whichever is later**. If you fail to do so, all coverage will be waived.

**SEGIP encourages you to complete your insurance enrollment without delay. Most SEGIP coverage will be effective on the date of your job status change** (the day you became insurance eligible for coverage under SEGIP). Coverage requiring evidence of insurability will be effective immediately after underwriting approval. Please review your upcoming paycheck stubs to verify deductions. Charges will be due immediately and may be deducted from your paycheck retroactively.

If you have a spouse or adult child who is also an employee of the state of Minnesota or is employed by another organization participating in the SEGIP, and you wish to elect family medical coverage for all SEGIP participants, the employee choosing to waive coverage must affirmatively waive coverage by completing a "Waive Coverage Form". The employee electing the family coverage must enroll the eligible spouse/adult child by submitting a Basic Application and then providing proof of eligibility upon request.

To obtain the necessary forms go to our web site at <http://mn.gov/mmb/segip/medical-dental/current-employees/forms/index.jsp> , and for assistance with this process contact SEGIP staff at 651-355-0100 or by email at [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us) .

## Steps for a Successful Enrollment

**IMPORTANT NOTE:** Complete all of the sections of your **Personal Enrollment Form** – as described below and then return to the State Employee Group Insurance Program. Make a copy of your enrollment forms for your records.

1. **Review on-line insurance information on the SEGIP web site at the following address, <http://mn.gov/mmb/segip/index.jsp>.** The SEGIP web site contains information regarding insurance benefits available to state employees and the options available to you as a newly insurance eligible employee. In order to complete your Personal Enrollment Form you must review the information in the **“Your Employee Benefits” booklet**. You can access this information by going to the SEGIP web site, <http://mn.gov/mmb/images/2015-Your-EE-Benefits.pdf>. Please note, if you are receiving this packet in December for a benefits effective date after January 1, the new YEB will not be available until January. You will need this information to make educated decision regarding your insurance selections.
2. **Complete the health and dental sections of your Personal Enrollment Form (worksheet).** In order to complete these sections of your worksheet properly, you are required to provide information that must be obtained from other sources. See specific details below:
  - **To complete the health coverage section of your worksheet:** Review the “health coverage” pages in **Your Employee Benefits** for basic information. Then decide which of the participating medical insurance carriers you want to administer your health benefits through the Minnesota Advantage Health Plan. Your worksheet lists the medical carriers from which you can select your coverage; and the amount that you would pay semi-monthly. Next, select your coverage level (single coverage or family coverage). Finally, you must choose a primary care clinic for yourself and each of your dependents (if you are enrolling in family coverage). Failure to specify a clinic will delay the processing of your application and will result in your being assigned to a clinic by the carrier. If being able to use a certain primary care clinic is an important factor in making the selection of your medical carrier, consult the **Minnesota Advantage Health Plan’s Clinic Directory** at <http://mn.gov/mmb/segip/medical-dental/med-dent-newhire/choose-your-clinic/>. Once you have connected to the Clinic Directory, use the “search” function to locate information about the specific clinic that you wish to select. Then, when you have found the directory entry that describes your clinic and the clinic number, return to the health coverage section of your worksheet and circle the appropriate health carrier code number. If you wish to elect any premium contribution on an after tax basis you should contact SEGIP representatives to obtain a payroll form. Next, fill in the Employee Clinic Number. **NOTE:** You may review additional details about physicians, hospitals, etc. that participate in the provider networks offered by the various carriers, by clicking on the appropriate link on our Insurance Carriers web page, found at [http://mn.gov/mmb/segip/medical-dental/med-dent-newhire/get\\_started/](http://mn.gov/mmb/segip/medical-dental/med-dent-newhire/get_started/).
  - **Complete the dental coverage section:** Review the “dental coverage” pages of **Your Employee Benefits** for basic information. Then decide which of the dental plans you prefer. Your worksheet lists the dental plans from which you can select your coverage; and the amount that you would pay semi-monthly. Next, select your coverage level (single coverage or family coverage). To learn which dental clinics are available through each plan, consult each individual plan’s provider network by clicking on the appropriate Insurance Carrier link found at <http://mn.gov/mmb/segip/medical-dental/med-dent-newhire/choose-your-clinic/>. Once you’ve decided on your plan return to the dental coverage section of your worksheet. Circle the appropriate dental carrier code. If you wish to elect any premium contribution on an after tax basis you should contact SEGIP representatives to obtain a payroll form.

3. **Complete the life coverage section of your Personal Enrollment Form (worksheet).** Review the "life insurance" sections of **Your Employee Benefits** for basic information.

Employees eligible for insurance with an employer contribution will receive employer paid Basic life insurance.

- **Employee Basic Life**-The value of Basic Life insurance is based upon your annual salary and the collective bargaining agreement or plan in which your position is covered. The value of any premium for this employer paid life insurance in excess of \$50,000 is taxable and will be reported on your W2 for the tax year in which the premiums are paid.
- **Employee Basic Life 50K**-If your annual salary exceeds \$50,000 and you wish to avoid income taxes on premium amounts that exceed the premium for \$50,000, elect the "Employee Basic Life 50K" option. If you choose this option your life insurance coverage will be capped at \$50,000.
- **Manager Life Insurance Plan**  
If you are a manager, select **Managers Income Protection (Plan A)**, or **Managers Income Protection (Plan B)**, or **Managers Life 50K (Plan A)** or **Managers 50K (Plan B)**.

**Managers Income Protection (Plan A)** - provides an employer paid life insurance benefit equal to 1 ½ times annual salary, plus employer paid disability coverage with an elimination period of 150 days. Under this plan, employees also have the option of buying disability coverage with decreased elimination periods.

Managers also have the option to restrict their employer paid life insurance to \$50,000 to avoid taxes on the amount in excess of \$50,000 for the Plan A option. To waive the amount in excess of \$50,000 select Managers Life 50K under Managers Income Protection Plan A.

**Managers Income Protection (Plan B)**- provides an employer paid life insurance benefit equal to 2 times annual salary, with no employer paid disability coverage. Employees in this plan may choose to purchase disability coverage with various elimination periods.

Managers also have the option to restrict their employer paid life insurance to \$50,000 to avoid taxes on the amount in excess of \$50,000 for the Plan B option. To waive the amount in excess of \$50,000 select Managers Life 50K under Managers Income Protection Plan B.

- In addition to the Basic Life Plan and the Manager Life Insurance Plan, you may select optional **additional life insurance for you and for your dependents** at your own cost.

Complete the worksheet by selecting the options of your choice up to the amount allowed without evidence of insurability; and by filling in the amount of coverage that you wish to purchase under each option. If you choose to enroll in additional coverage that requires evidence of insurability, you must complete a paper application for the additional amounts. The Optional Application needed to enroll in this additional coverage can be found at <http://mn.gov/mmb/images/Optional%2520Life.pdf> . Child Life Insurance has only one benefit level of \$10,000.

- **Accidental Death & Dismemberment Insurance (AD&D)** - AD&D provides coverage for death or dismemberment due to an accident. This optional benefit is available to both you and your spouse. You may purchase accidental death and dismemberment insurance in increments of \$5,000 up to a total of \$100,000 or up to \$50,000 if you are 61 or older. You may also purchase up to a total of \$25,000 worth of coverage for your spouse, but you may not have more coverage for your spouse than you have for yourself.

MN Life serves as beneficiary manager for State of MN employees. Upon enrollment in life insurance and optional life insurance coverage, MN Life will send a letter to advise you how to

create an account through the web site in order to designate your beneficiary (ies). Information is available at [www.lifebenefits.com](http://www.lifebenefits.com) or by calling 1-866-293-6047.

4. **Complete the disability section of your Personal Enrolment Form (worksheet).** Review the “disability section” of **Your Employee Benefits** for basic information. Complete the worksheet by selecting the options of your choice up to the amount allowed; and by filling in the amount of coverage that you wish to purchase under each option.
  - **Short Term Disability**-You may purchase short-term disability insurance for monthly benefit amounts ranging from \$300 to \$5,000. Do not purchase more than the amount equal to two-thirds of your gross monthly salary; benefits paid will be capped at that amount.
  - **Long Term Disability**-You may purchase long-term disability insurance in monthly benefit amounts ranging from \$300 to \$7,000. Do not purchase more than the amount equal to approximately 60% of your monthly salary; paid benefits will be capped at that amount. Long-term disability benefits are offset by other wage replacement benefits to which you may be entitled and carries a pre-existing condition clause. For more information refer to *Your Employee Benefits* book and the SEGIP website at <http://mn.gov/mmb/images/EmployeeBenefitsBooklet2014.pdf>

Premiums for all Optional Insurance Coverages are paid on an after-tax basis.

5. **Complete the expense account section of your Personal Enrollment Form (worksheet).** Review the “pre-tax benefits” section of **Your Employee Benefits** for basic information. The state offers four separate pre-tax accounts. Complete the worksheet by designating the amount you would like to be set aside in any of these accounts for the calendar (tax) year. **NOTE:** If you consider enrollment in the Transit Expense Account-Parking, first ask your agency’s Human Resources Office whether you will be paying for parking through payroll deductions. If you are paying through payroll deduction, there is no need to use this account. This account is available if you must pay for parking out-of-pocket to another vendor.
6. **Complete the dependent(s) section of your Personal Enrollment Form (worksheet).** Review the “dependent eligibility” section of **Your Employee Benefits** if you are enrolling dependents for health, dental, or life insurance. Then complete the worksheet by listing dependents and the required information about each. SEGIP requires proof of eligibility for newly enrolled spouse/dependent. Documents showing proof of eligibility are requested via a letter sent within 30-days of enrolling in benefits. Enrollment is not complete without proof of eligibility and if you do not provide the requested documents, spouse/dependents will be removed from coverage back to the enrollment date. If you have questions please contact SEGIP representatives at 651-355-0100.
7. Once SEGIP has received your completed Personal Enrollment form you can access the State of Minnesota Employee Self Service website, [www.state.mn.us/employee](http://www.state.mn.us/employee) to verify your benefits. To enter this site, you will need to enter your *User ID* (your employee ID #) and *Password* and click on *Sign In*. When you have accessed the **Employee Self Service** home page, click on **Benefits** and then **Benefits Summary** to see a personal summary of benefit information. The Benefits Summary allows you to verify your participation and review semi-monthly costs associated with your elections. Both of these pages are excellent resources for you to use on an ongoing basis.
8. **To enroll in Long-term care insurance:** Review the Long-term care insurance section of **Your Employee Benefits**. You may obtain more information from the SEGIP web site by following this link to our Long Term Care carrier web site CNA, <http://www.mpel.org/>.

**Return your completed enrollment form to SEGIP:**

Scan and email forms to [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us)

Fax forms to our secure fax at (651) 296-5445

Mail forms to:

Minnesota Management & Budget  
SEGIP  
400 Centennial Building  
658 Cedar Street,  
St. Paul, MN 55155

Please contact SEGIP at 651-355-0100, with any questions regarding your enrollment. Keep a copy of fax or email confirmation for your records.



## **SEGIP Service Center**

SEGIP Customer Service Specialists and State Program Administrators are here to assist employees with insurance and benefit questions or problems. Call the SEGIP Service Center from 8:00 to 4:30, Monday through Friday at **651-355-0100**.

You may speak to any SEGIP representative if you have a general question or you may ask to speak to your assigned representative for assistance with a specific issue.

State Program Administrators are assigned to employee groups by an alphabetical split.

Customer Service Specialist – Dawn Kinnunen

Customer Service Specialist – Mike Duffy

Last Initial **A-C-E-U-Y-Z** ...Paru Rajan

Last Initial **B-J-Q**.....Danielle Rhein

Last Initial **H-P**.....Val Tjader

Last Initial **K-O-R** .....Tina Blanco

Last Initial **D-M** .....Steve Meyer

Last Initial **G-I-N-W** .....Mary Schiltgen

Last Initial **S-V**.....Pa Stelzner

Last Initial **F-L-T-X**.....Andrew Gibbens



## Dependent Eligibility for Medical and Dental Coverage State Employee Group Insurance Program (SEGIP)

Eligible	Definition of an Eligible Dependent	Required Documentation
Spouse	<ul style="list-style-type: none"> <li>Must be legally married under Minnesota law to an insurance eligible employee, <b>and</b></li> <li>Your spouse is not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in addition to a health plan with a deductible of \$750 or greater</li> </ul>	<ol style="list-style-type: none"> <li>Copy of your certified marriage certificate <b>and</b></li> <li>Copy of the front page for your most recent federal tax return confirming this dependent is your spouse OR a document dated within the last 60 days showing current relationship status such as a household bill. The document must include your spouse's name, the date and your mailing address. <b>and</b></li> <li>Completed Spouse/Former Spouse Certification Form</li> </ol>
Former Spouse	<ul style="list-style-type: none"> <li>The divorce must occur while the employee is covered, <b>and</b></li> <li>Must have been covered on the employee's plan at the time of the divorce, <b>and</b></li> <li>May not have obtained other group coverage since the divorce, <b>and</b></li> <li>Not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in exchange for a health plan with a deductible of \$750 or greater</li> </ul>	<ol style="list-style-type: none"> <li>Copy of your divorce decree signed by a judge or court administrator <b>and</b></li> <li>Completed Spouse/Former Spouse Certification Form</li> </ol>
Biological Children	<ul style="list-style-type: none"> <li>To age 26</li> </ul>	<ol style="list-style-type: none"> <li>Copy of the child's certified birth certificate naming you as the child's parent</li> </ol>
Adopted children	<ul style="list-style-type: none"> <li>To age 26 if adopted <b>or</b></li> <li>To age 18 if placed with you for adoption</li> </ul>	<ol style="list-style-type: none"> <li>Final copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption or</li> <li>Copy of the child's certified birth certificate naming you (or your spouse) as the child's parent</li> </ol>
Step Children	<ul style="list-style-type: none"> <li>To age 26</li> <li>You must be legally married to the child's parent</li> </ul>	<ol style="list-style-type: none"> <li>Copy of the child's certified birth certificate naming your spouse as the child's parent <b>and</b></li> <li>Copy of your certified marriage certification and a current financial document naming both you and your spouse</li> </ol>
Foster Children (ward, legal guardian, legal custody)	<ul style="list-style-type: none"> <li>To age 26</li> <li>Full and permanent legal and physical custody</li> </ul>	<ol style="list-style-type: none"> <li>Completed Foster Child Certification Form <b>and</b></li> <li>Final copy of court document showing your name (and/or your spouse) confirming the permanent custodial relationship <b>and</b></li> <li>Copy of the front page of your (or your spouse's) most recent federal tax return confirming this dependent is your (or your spouse's) tax dependent</li> </ol>

Grandchildren	<ul style="list-style-type: none"> <li>To age 25</li> <li>Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 <b>or</b></li> <li>Financially dependent upon you and has resided with you continuously from birth</li> <li><b>-OR-</b></li> <li>If you have legally adopted your grandchild or are the foster parent of your grandchild follow the eligibility rules for each above</li> </ul>	<ol style="list-style-type: none"> <li>Completed Grandchild Certification Form <b>and</b></li> <li>Copy of your grandchild's certified birth certificate, naming your (or your spouse's) child as your grandchild's parent <b>and</b></li> <li>Copy of your child's certified birth certificate naming you (or your spouse) as the parent <b>and</b></li> <li>Document dated within the last 6 months establishing this grandchild currently resides with you <b>and</b></li> <li>Copy of your most recent federal tax return listing this child as your (or your spouse's) tax dependent</li> <li>If your grandchild has lived with you continuously from birth a copy of your federal tax return from the year this grandchild was born</li> </ol>
Disabled Children	<ul style="list-style-type: none"> <li>Any age or marital status, includes dependent children incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, <b>and</b></li> <li>Chiefly dependent upon you for principal support and maintenance, <b>and</b></li> <li>You must provide proof of such incapacity and dependency annually as requested by your health plan administrator</li> </ul>	<ol style="list-style-type: none"> <li>Copy of the child's certified birth certificate naming you or your spouse as the child's parent, OR appropriate court order / adoption decree naming you as the child's legal guardian</li> </ol>
<b>Also covered:</b> any other person required by state or federal law to be treated as a dependent for purpose of health care coverage.		

**Change in status or dependent eligibility:** It is your responsibility to notify SEGIP of any change in a dependent's status (life event). Spouses and dependents losing eligibility may qualify for COBRA. An eligible spouse or dependent may be added within 30 days of a life event or during Open Enrollment. You must notify SEGIP within 60 days of your divorce from a covered spouse or if a covered dependent loses eligibility. After the 60-day period ends, continued failure to report a loss of eligibility may be considered fraud or intentional misrepresentation of a material fact and the employee may be liable for all claims paid by the Plan on behalf of such individuals and you may be subject to criminal penalties. Instances of fraud, intentional misrepresentation of a material fact or non-payment of premiums may result in the retroactive cancellation of coverage. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Details are in *Your Employee Benefits* (<http://mn.gov/mmb/images/EmployeeBenefitsBooklet2014.pdf>).

**Notice of Privacy Practices** Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, and your obligation to provide the data.

**Why we ask you for this data?** We ask for this data so that we can successfully administer SEGIP. This information is used to process your request to add or change coverage for yourself, your spouse, or dependents. The requested information helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The information is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws (in compliance with Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173)). If you provide any data about you, your spouse, or dependents that is not necessary, we will not use it for any purpose.

**Do you have to provide the private data requested?** You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, your dependent(s) may not be approved to participate in the program or may lose coverage under the program. If you do provide the data, it will be used as described.

**Who else may see this data about you and your spouse and dependents?** We may give data about you, your spouse, and dependents to the plan administrator you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to the information; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

**How else may this data be used?** We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.